



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services**

**James Randolph Farris, M.D.  
Regional Administrator**

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June 21, 2001

Our Reference: WA-OK0179.90.R2

Mr. Michael Fogarty  
Chief Executive Officer  
Oklahoma Health Care Authority  
4545 North Lincoln Boulevard- Suite 124  
Oklahoma City, Oklahoma 73105

Dear Mr. Fogarty:

I am pleased to inform you that your request to renew your Medicaid Home and Community-Based Services waiver (HCBSW) No. 0179.90.R2 has been approved. As authorized by Section 1915 (c) of the Social Security Act, this HCBSW program provides an array of home and community-based services as alternative to institutionalization in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). This renewal has been assigned control number 0179.90.R2 which should be used in all future correspondence.

Specifically, you submitted a request to provide homemaker, respite care, habilitation, environmental accessibility adaptations, transportation, family training, residential care, extended State plan services (physician services, home health care services, prescribed drugs, assistive technology, specialized medical supplies, dental services, nutritional services, psychological services), and other waiver services (audiology services, occupational therapy services, physical therapy services, and speech therapy services).

Based upon the assurances and information that you provided, I approve the renewal request cited for a five-year period effective July 1, 2001.

The approval is subject to your agreement to serve no more individuals indicated on your Factor "C" in your approved per capita expenditure estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the 5 years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	3300	\$54,307
2	3500	\$54,329
3	3700	\$54,643
4	3900	\$54,689
5	4100	\$54,818

For your convenience, a copy of the approved renewal package is included with correspondence. If you have any questions, please contact Cheryl Rupley of my staff at (214) 767-6278.

Sincerely,

James Randolph Farris, M.D.  
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations